

Swindon Multisports Holiday Club

Application Form



(please tick) New Application ☐ Returning Child ☐

Please complete the below form selecting the required dates, times and meal options and return with full payment to confirm your space.

Cost £15 per day or £65 for full week

Monday 12th Feb ☐	Tuesday 13th Feb ☐	Wednesday 14th Feb ☐	Thursday 15th Feb ☐	Friday 16th Feb ☐
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Child's Details

First Name _____ Last Name _____

School Year _____ School _____

Address _____

Does your child suffer with:

Allergies (E.G. Nuts, Penicillin, Hay Fever) _____

Does your child suffer from:

Medical (E.G. Asthma, Diabetes, Epilepsy) _____

Will the attendee be carrying their required medication? Yes ☐ No ☐

Please give details of other medications or requirements

Parent /Guardian Information

Name _____ Relationship _____

Address _____

Telephone _____ Email Address _____

Emergency Contacts

Name _____ Telephone _____

Address _____

Permissions

Do you give permission for your child to be photographed and shared on social media so you can see the fun and activities of each club? Yes ☐ No ☐

In the unlikely event of an accident, I give permission for my child to receive emergency medical Yes ☐ No ☐

I will be responsible for dropping off and picking up my child on time Yes ☐ No ☐

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